

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
Registered No. 575

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child John Harding Harris { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Nov 6 1929
Month Day Year

<p>8. FATHER Full name <u>John Harding Harris</u></p>		<p>14. MOTHER Full maiden name <u>Wilford Elmore</u></p>	
<p>9. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.</p>		<p>15. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.</p>	
<p>10. Color or race <u>white</u></p>	<p>11. Age at last birthday <u>24</u> (Years)</p>	<p>16. Color or race <u>white</u></p>	<p>17. Age at last birthday <u>22</u> (Years)</p>
<p>12. Birthplace (city or place) <u>Ohio</u> (State or country)</p>		<p>18. Birthplace (city or place) <u>Chapel Hill</u> (State or country) <u>Tennessee</u></p>	
<p>13. Occupation <u>millman</u> Nature of industry <u>Copper mine</u></p>		<p>19. Occupation <u>House wife</u> Nature of industry _____</p>	
<p>20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)</p>		<p>(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u></p>	
<p>21. Were precautions taken against ophthalmia neonatorum? <u>yes</u></p>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____
Filed Nov 15 1929 Registrar _____
Registrar _____

182-1106-655